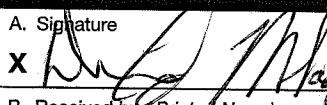
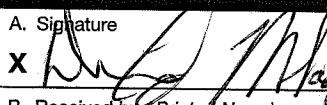
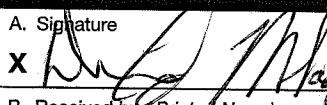


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY													
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<table border="1" style="width: 100%;"><tr><td style="width: 50%;">A. Signature </td><td style="width: 50%;"><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</td></tr><tr><td>B. Received by (Printed Name)</td><td>C. Date of Delivery 9/6/11</td></tr><tr><td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</td></tr><tr><td colspan="2">4.11cv344 + 4.11cv343</td></tr><tr><td colspan="2">3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</td></tr><tr><td colspan="2">4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</td></tr></table>		A. Signature 	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	B. Received by (Printed Name)	C. Date of Delivery 9/6/11	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		4.11cv344 + 4.11cv343		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.															
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes															
1. Article Addressed to:	<p>David Maland 7720 McCallum Blvd # 2099 Dallas, TX 75252</p>														
2. Article Number (Transfer from service label)	7010 2780 0000 9134 8677														

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

FILED
U.S. DISTRICT COURT
EASTERN DISTRICT OF TEXAS

SEP - 8 2011

DAVID J. MALAND, CLERK
BY _____
DEPUTY _____